#### Case 1:20-cr-00623-JSR \_Document 130-1 Filed 01/06/23 Page 1 of 65

### **Bureau of Prisons Health Services** Clinical Encounter

Inmate Name: DENNIS, WILLIE 91401-054 Reg #: 1962 Date of Birth: Sex: Race: BLACK Facility: BRO Encounter Date: 11/21/2022 20:54 Provider: Aparente, Catherine RN G01 Unit:

Nursing - Medical Trip Return encounter performed at Health Services.

#### SUBJECTIVE:

COMPLAINT 1 Provider: Aparente, Catherine RN

Chief Complaint: Medical Trip Return

Encounter performed for medical trip return; discharge paperwork reviewed only. The plan of Subjective:

care will follow discharge instructions.

Pain: Not Applicable

#### **OBJECTIVE:**

#### ASSESSMENT:

Other

Medical Trip Return, discharge paperwork reviewed. CD/MD entered medication reconciliation.

Inmate admitted at Bellevue hospital for claudication in PVD, CAD, and non-recurrent inguinal hernia without obstruction or gangrene. Cardiology, Ct surgery, vascular surgery consulted. TTE performed at the hospital. The following were advised for medical management:

- 1. Cardiology consult for asymptomatic triple vessel disease
- 2. Vascular surgery for outpatient management for bilateral angiogram of LE
- 3. general surgery consult for inguinal hernia repair

#### PLAN:

#### **New Consultation Requests:**

N	iew Consultation Requests:					
	Consultation/Procedure	Target Date	<b>Scheduled Target Date</b>	<b>Priority</b>	<u>Translator</u>	<u>Language</u>
	Cardiology	12/05/2022	12/05/2022	Urgent	No	
	Subtype:					
	Cardiology - Other Offsite A	Appt				
	Reason for Request:					
	Triple Vessel Disease					
	Vascular Surgery	12/21/2022	12/05/2022	Urgent	No	
	Subtype:					
	Vascular Surgery, NOS					
	Reason for Request:					
	Bilateral LE angiogram with	intervention fo	or right femoral artery occl	usion		
	General Surgery	12/22/2022	12/22/2022	Routine	No	

Subtype:

General Surgery Procedure, NOS

Reason for Request:

Follow Up Visit at Bellevue General Surgery Ambulatory Care Building 1st floor Clinic 1D.

05/01/2023 **General Surgery** 05/01/2023 Routine No Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 2 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Race: BLACK Facility: BRO /1962 Μ Encounter Date: 11/21/2022 20:54 Provider: Aparente, Catherine RN Unit: G01

Subtype:

Hernia, Surgery Reason for Request:

Elective repair of inguinal hernia

Disposition:

Follow-up at Sick Call as Needed

**Patient Education Topics:** 

Date Initiated Format Handout/Topic <u>Provider</u> <u>Outcome</u> 11/21/2022 Counseling Access to Care Aparente, Catherine Verbalizes

Understanding

Copay Required: No Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Aparente, Catherine RN on 11/21/2022 21:53 Requested to be cosigned by Bialor, Bruce (MAT) MD, CD. Cosign documentation will be displayed on the following page.

## **Bureau of Prisons Health Services**

#### **Clinical Encounter - Administrative Note**

Inmate Name: DENNIS, WILLIE 91401-054 Reg#: Date of Birth: 1962 Facility: **BRO** Race: BLACK Sex: М Note Date: 11/21/2022 14:16 Provider: Bialor, Bruce (MAT) MD, Unit: G01

Admin Note - Community Hospital Report encounter performed at Health Services.

#### **Administrative Notes:**

ADMINISTRATIVE NOTE 1 Provider: Bialor, Bruce (MAT) MD, CD

Dr. Miller, Resident, NYU-Bellevue Hospital: Ready for discharge, but tested (+)ve for COVID on 11/18. Having productive cough and diarrhea, but not requiring O2. They were planning to start Paxlovid today, so I'll include this in D/C med list. Lipitor to be held while on Paxlovid.

I have reviewed this patient's available medical file for recent labs, tests, and encounters and found this treatment to be clinically indicated at this time.

#### **New Medication Orders:**

Rx# Medication Order Date

Metoprolol Succinate XL Tablet 24 Hour 11/21/2022 14:16

**Prescriber Order:** 50 mg Orally - daily x 90 day(s)

Indication: Essential (primary) hypertension, Ischemic cardiomyopathy

Spironolactone Oral Tablet 11/21/2022 14:16

**Prescriber Order:** 25 mg Orally - daily x 90 day(s)

Indication: Ischemic cardiomyopathy

Atorvastatin Tablet 11/21/2022 14:16

Prescriber Order: 80 mg Orally - daily x 90 day(s) -- While taking Paxlovid for COVID, do not

take this medication.

Indication: Ischemic cardiomyopathy, Hyperlipidemia, unspecified, Peripheral vascular disease

Sacubitril-Valsartan Tablet 11/21/2022 14:16

**Prescriber Order:** 24 /26 Orally - Two Times a Day x 90 day(s)

Indication: Ischemic cardiomyopathy

Empagliflozin Oral Tablet 11/21/2022 14:16

11/21/2022 14:16

**Prescriber Order:** 25 mg Orally - daily x 90 day(s)

Indication: Ischemic cardiomyopathy

Non-Formulary was created for this drug

Nirmatrelvir/Ritonavir MG Tab pack (3

**Prescriber Order:** 3 tablets Orally - Two Times a Day x 5 day(s)

Indication: Confirmed case COVID-19

**Renew Medication Orders:** 

Rx# Medication Order Date

434220-BRO Aspirin 81 MG EC Tab 11/21/2022 14:16

**Prescriber Order:** Take one tablet (81 MG) by mouth each day x 90 day(s)

Indication: Ischemic cardiomyopathy, Peripheral vascular disease

**New Laboratory Requests:** 

<u>Details</u> <u>Frequency</u> <u>Due Date</u> <u>Priority</u>

Generated 11/21/2022 14:40 by Bialor, Bruce (MAT) MD, Bureau of Prisons - BRO Page 1 of 2

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054

Date of Birth: Sex: M Race: BLACK Facility: BRO Note Date: 11/21/2022 14:16 Sex: M Bialor, Bruce (MAT) MD, Unit: G01

Lab Tests - Short List-General-CBC w/diff

Lab Tests - Short List-General-Hemoglobin A1C Lab Tests - Short List-General-Comprehensive

Metabolic Profile (CMP)

Lab Tests - Short List-General-TSH

Lab Tests - Short List-General-Lipid Profile Lab Tests - Short List-General-Hepatic Profile

Labs requested to be reviewed by: Kang, Yoon PA-C

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Bialor, Bruce (MAT) MD, CD on 11/21/2022 14:40

Requested to be reviewed by Kang, Yoon PA-C.

Review documentation will be displayed on the following page.

### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 5 of 65

# Bureau of Prisons Health Services Clinical Encounter - Administrative Note

Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: 1962 Facility: **BRO** Sex: M Race: BLACK Note Date: 11/18/2022 14:18 Provider: Bialor, Bruce (MAT) MD, Unit: G01

Admin Note - Community Hospital Report encounter performed at Health Services.

#### **Administrative Notes:**

ADMINISTRATIVE NOTE 1 Provider: Bialor, Bruce (MAT) MD, CD

Hospitalist Attending Dr. Link, NYU-Bellevue: Because asymptomatic from a cardiac standpoint, and has good collateral flow, Cardiology is recommending medical mgmt.; in addition, pt is refusing both CABG and PCI.

Similarly, because not having rest pain, Vascular Surgery is recommending no urgent intervention at this time for R femoral artery occlusion and aneurysm.

Can be discharged on Jardiance 25 QD, Entresto 24/26 BID, Toprol XL 50 QD, ASA 81 QD, Lipitor 80 QD, and Aldactone 25 QD.

Pt is most interested in having RIH repaired, and they were going to give him an outpt appt in their General Surgery Clinic, but I told him we'd have him F/U at TBHC Surgery Clinic. Will also need outpt F/U with Cardiology and Vascular Surgery.

Can be discharged today, but custody staff not available, so won't get picked up till 11/21, after the weekend.

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Bialor, Bruce (MAT) MD, CD on 11/18/2022 14:39

#### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 6 of 65

# Bureau of Prisons Health Services Clinical Encounter - Administrative Note

Inmate Name: DENNIS, WILLIE 91401-054 Reg #: Date of Birth: 1962 Race: BLACK Facility: **BRO** Sex: M Note Date: 10/28/2022 14:17 Provider: Bialor, Bruce (MAT) MD, Unit: G01

Admin Note - Community Hospital Report encounter performed at Health Services.

**Administrative Notes:** 

ADMINISTRATIVE NOTE 1 Provider: Bialor, Bruce (MAT) MD, CD

Dr. Vachani, Medical Resident, Brooklyn Hospital, on behalf of Attending Dr. Reddy: Cath yesterday shows 3-vessel disease. Needs to be transferred for CABG. Location TBD in conjunction with Naphcare Case Manager.

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Bialor, Bruce (MAT) MD, CD on 10/28/2022 14:31

#### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 7 of 65

# Bureau of Prisons Health Services Clinical Encounter - Administrative Note

Inmate Name: DENNIS, WILLIE 91401-054 Reg #: Date of Birth: /1962 Race: BLACK Facility: **BRO** Sex: M Note Date: 10/24/2022 13:48 Bialor, Bruce (MAT) MD, Provider: Unit: G01

Admin Note - Community Hospital Report encounter performed at Health Services.

**Administrative Notes:** 

ADMINISTRATIVE NOTE 1 Provider: Bialor, Bruce (MAT) MD, CD

Dr. Vachani, Medical Resident, Brooklyn Hospital, on behalf of Attending Dr. Reddy: Initially admitted to Surgical service for RIH and R femoral artery occlusion, with aneurysm. Had pre-op cardiac W/U revealing LVEF 20-25%. Cardiac cath is recommended, but pt is refusing. Spoke with pt by speaker phone. His concerns are due to the fact that he's his own defense attorney, so he wants to have access to legal materials and medical records, both of which are on electronic devices. He's looking for the court to intercede; waiting to hear back, after speaking to personal attorney this morning.

He does understand the seriousness of the above medical issues.

As for speaking with family members, I told him this is usually not allowed while he's admitted for acute medical issues.

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Bialor, Bruce (MAT) MD, CD on 10/24/2022 14:33

#### Case 1:20-cr-00623-JSR \_Document 130-1 Filed 01/06/23 Page 8 of 65

# Bureau of Prisons Health Services Clinical Encounter

Inmate Name: DENNIS, WILLIE

Date of Birth: Sex: M Race: BLACK Facility: BRO

Encounter Date: 10/18/2022 16:52

Reg #: 91401-054

Sex: M Race: BLACK Facility: BRO

Provider: Bialor, Bruce (MAT) MD, Unit: G01

Cosign Note - Intake Cosign encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Bialor, Bruce (MAT) MD, CD

Chief Complaint: GENERAL

Subjective: Pt was seen and examined in his cell, with RN and Unit Officer present.

60-yo male, with >40-pack-year smoking hx, plus HTN and hyperlipidemia, with over 6-month hx of intermittent pain from proximal R thigh to distal calf, brought on by ambulation, resolving with rest. Over the last week, pain increasing in severity, occurring with shorter distances, though denies having rest pain. Also has RIH.

Was taken to NY Presbyterian Lower Manhattan Hospital yesterday, after being remanded; was Dx'd with occlusion of R femoral artery, and femoral artery aneurysm, but was deemed "fit for confinement" was advised to see a Vascular Surgeon in 1 week.

On exam:

General: NAD. Calves with decreased muscle bulk.

Skin: No hair growth below knees.

Extremities: No edema. RLE cooler than LLE, from distal calf down.

Peripheral Vascular: No DP or PT pulses in RLE; 1+ in LLE.

Pain: Not Applicable

**OBJECTIVE:** 

Temperature:

DateTimeFahrenheitCelsiusLocationProvider10/18/202213:05 BRO97.636.4ForeheadOrtiz, Lydia RN

Pulse:

<u>Date Time Rate Per Minute Location Rhythm Provider</u>

10/18/2022 15:02 BRO 86 Via Machine Ortiz, Lydia RN

Respirations:

<u>Date</u> <u>Time</u> <u>Rate Per Minute</u> <u>Provider</u>

10/18/2022 15:02 BRO 20 Ortiz, Lydia RN

**Blood Pressure:** 

DateTimeValueLocationPositionCuff SizeProvider10/18/202215:02 BRO141/89Left ArmSittingAdult-largeOrtiz, Lydia RN

Height:

 Date
 Time
 Inches
 Cm
 Provider

 10/18/2022
 15:03 BRO
 66.0
 167.6
 Ortiz, Lydia RN

Weight:

<u>Date</u> <u>Time</u> <u>Lbs</u> <u>Kg</u> <u>Waist Circum.</u> <u>Provider</u>

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Inmate Name: DENNIS, WILLIE

Date of Birth: Sex: M Race: BLACK Facility: BRO

Encounter Date: 10/18/2022 16:52

Reg #: 91401-054

Facility: BRO

Unit: G01

 Date
 Time
 Lbs
 Kg
 Waist Circum.
 Provider

 10/18/2022
 15:03 BRO
 150.0
 68.0
 Ortiz, Lydia RN

#### **ASSESSMENT:**

Aneurysm of unspecified site, I729 - Current - R femoral artery

Essential (primary) hypertension, I10 - Current

Hyperlipidemia, unspecified, E785 - Current

Inguinal hernia, K4090 - Current

Peripheral vascular disease, I739 - Current

PLAN:

Disposition:

Transfer to Local Hospital

**Patient Education Topics:** 

Date InitiatedFormatHandout/TopicProviderOutcome10/20/2022CounselingPlan of CareBialor, BruceVerbalizes

Understanding

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Bialor, Bruce (MAT) MD, CD on 10/20/2022 17:17

## Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 10 of 65 Bureau of Prisons

# Bureau of Prisons Health Services Health Screen

Inmate Name: DENNIS, WILLIE Reg #: 91401-054
Date of Birth: Sex: M Race: BLACK
Encounter Date: 10/18/2022 12:58 Provider: Ortiz, Lydia RN Facility: BRO

Seizures: Denied

Diabetes: Denied

Cardiovascular:

Age of Onset:

Hx of Shortness of Breath: No Hx of Rheumatic Fever: No Hx of Valvular Disease: No Hx of SBE Prophylaxis: No Hx of Chest Pain: No Hx of Murmur: No Hx of CAD: No Hx of CHF: No **Hx of Blood Clot:** No Pacemaker: No **Defibrillator:** No Edema: No

Comments: inmate states he had a "heart attack" 2018, that did NOT require surgery, denies any Bi Pass or

CABG states he not takes 4 different Medication to include a blood thinner but can not recall the

names of any.

CVA: Denied

**Hypertension:** 

Last MI:

Age of Onset: Adult (51-60 Years)

2018

Comments: dx in ER last night 10/18/2022
Respiratory: Denied
Sickle Cell Anemia: Denied
Carcinoma/Lymphoma: Denied
Allergies: Denied

Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 11 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054
Date of Birth: Sex: M Race: BLACK
Encounter Date: 10/18/2022 12:58 Provider: Ortiz, Lydia RN Facility: BRO

#### **PPD Administration:**

Date/Time: 10/18/2022 13:01
Provider: Ortiz, Lydia RN
Location: Right Forearm

Drug Mfg: PPD- (Tubersol) sanofi

Lot Number: C5807AA

Dosage: 0.1mL

Route: ID

Exp Dt: 04/2023

Comments:

#### **Tuberculosis:**

Hx of Previous Disease: No

**Blood-tinged Sputum:** No

Night Sweats: No Weight Loss: No

Fever: No Cough: No

Comments: CAME FROM STREET PPD PLANTED

#### **Infectious Disease Risk Factors:**

IV Drug Use: No

IV Drug Use Needles:

Sexual Partner IV Drug Use: No

**Sexual Partner IV Drug Use Needles:** 

Female Sexual Partners (Last 5 Yrs): 2-5

Male Sexual Partners (Last 5 Yrs): 0

Condom Use: Sometimes

Sexual Contact With HIV+ Individual: No

**Blood Product Transfusion: No** 

Travel Outside US: Yes

Tattoos: No

Comments: EDU: Law

Work: Lawyer Born US

Tattoos: Zero

DR 2021

#### Screenings:

Intake Screening General Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 12 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054
Date of Birth: Sex: M Race: BLACK
Encounter Date: 10/18/2022 12:58 Provider: Ortiz, Lydia RN Facility: BRO

No: Vital Signs w/O2 sat recorded in flowsheet, Cough, Sore throat, Headache, Body aches, Fatigue

#### **COVID**

No: Loss of taste or smell, Nausea or Vomiting, Diarrhea, History of COVID, History of COVID-19 vaccine administration

#### Monkeypox

No: Fever, Nasal congestion, Oral Lesions, Pimple, blister-like, or crusted rash, Swollen lymph nodes, Contact w/infectious rash, scabs or body fluids, Physical contact w/+ Monkeypox person, Contact w/Monkeypox infectious items, History of Smallpox vaccine?, History of treatment for Monkeypox?

HIV History: Denied

Hepatitis: Denied

**Other Infectious Diseases:** 

Syphilis: No **Syphilis Last Treatment:** N/A **Genital Warts:** No Chlamydia: No Gonorrhea: No Herpes: No **Chicken Pox:** Yes Other: No

Comments: IN CHILDHOOD

Abuse History: Denied

Physical: No Emotional: No Sexual: No

**Comments:** Denies any history of physical, emotional or sexual abuse.

Denies being the perpetrator of any abuse.

Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 13 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054
Date of Birth: Sex: M Race: BLACK
Encounter Date: 10/18/2022 12:58 Provider: Ortiz, Lydia RN Facility: BRO

#### **Mental Health:**

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal General Appearance: Normal

Behavior: Cooperative

**Mood:** Appropriate to Content **Thought Process:** Goal Directed

Thought Content: Normal

Hx of Mental Health Treatment: None

Hx of Head Injury: None

Current Mental Health Treatment:  $N_0$  Current Mental Health Complaint:  $N_0$  Hx of Loss of Consciousness:  $N_0$ 

Hx of Hearing Voices: No

Past History of Suicide Attempt: No

Current Suicide Ideation: No Suicide Prevention Initiated: No

Comments:

Substance Use History: Denied

Currently enrolled in a medication for opioid use disorder/mat program: No

**Current Painful Condition:** 

Location: RIGHT INGUINAL HERNIA

UMBILICAL HERNIA

PAIN IN RT LEG WHEN WALKING

Other Health Issues:

Current Medical Conditions: Inguinal hernia

Hypertension

dx last night with occlusion of right femoral artery and aneurysm that needs evaluation

by a vascular surgeon.

Needs to follow up with a cardiologist

**Other Current Treatments:** 

Pregnant: N/A

Postpartum: N/A

**Dental Condition:** 

Pain in Teeth or Mouth: No

Swelling in Mouth: No

**Dental Complaint: Yes** 

**Current Dental Treatment:** No

**Comments:** LOOSE TEETH

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054
Date of Birth: Sex: M Race: BLACK
Encounter Date: 10/18/2022 12:58 Provider: Ortiz, Lydia RN Facility: BRO

**Observations:** 

**Draining Skin Lesions:** No

Signs of Lice: No Signs of Scabies: No

Signs of Recent Trauma: No

Recent Tattoos: No Needle Marks: No Signs of Rash: No Open Sores: No

Wounds: No

**Body Deformities: No** 

Tremors: No Sweating: No Comments:

Temperature:

DateTimeFahrenheitCelsiusLocationProvider10/18/202213:05 BRO97.636.4ForeheadOrtiz, Lydia RN

Pulse:

DateTimeRate Per MinuteLocationRhythmProvider10/18/202215:02 BRO86Via MachineOrtiz, Lydia RN

**Respirations:** 

DateTimeRate Per MinuteProvider10/18/202215:02 BRO20 Ortiz, Lydia RN

**Blood Pressure:** 

DateTimeValueLocationPositionCuff SizeProvider10/18/202215:02 BRO141/89Left ArmSittingAdult-largeOrtiz, Lydia RN

Height:

 Date
 Time
 Inches
 Cm
 Provider

 10/18/2022
 15:03 BRO
 66.0
 167.6
 Ortiz, Lydia RN

Weight:

 Date
 Time
 Lbs
 Kg
 Waist Circum.
 Provider

 10/18/2022
 15:03 BRO
 150.0
 68.0
 Ortiz, Lydia RN

Prosthetic Devices/Equipment: Denied

**Potential Items For Follow-up:** 

<u>Item</u>

Cardiac History

Hypertension History

Travel Outside US

Other Infectious Disease History

Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 15 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054
Date of Birth: Sex: M Race: BLACK
Encounter Date: 10/18/2022 12:58 Provider: Ortiz, Lydia RN Facility: BRO

#### <u>ltem</u>

**Current Medical Conditions** 

**Current Painful Condition** 

**Dental Complaint** 

#### Comments:

MD/CD ADVISED - EVALUATED INMATE - SENDING TO THBH FOR FURTHER EVALUATION AND TREATMENT

**OPS LT NOTIFIED** 

Health Problems Newly Identified During This Encounter:

**Health Problem** 

#### **Medication Reconciliation.**

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

#### **New Medication Orders:**

Rx#	<u>Medication</u>		Order Date
	Clopidogrel Tablet		10/18/2022 12:58
	Prescriber Order:	75MG Orally - daily x 30 day(s)	
	Metoprolol Tartrate Tablet		10/18/2022 12:58
	Prescriber Order:	25MG Orally - Two Times a Day x 30 day(s)	
	Acetaminophen 325 MG Ta	10/18/2022 12:58	
	Prescriber Order:	650MG Orally every 6 hours PRN x 30 day(s)	
	Aspirin 81 MG Tablet (365	10/18/2022 12:58	

**Prescriber Order:** 81MG Orally - daily x 30 day(s)

#### **Reconciled Medications:**

<b>Source</b>	<u>Action</u>	<u>Type</u>	Rx#	<u>Medication</u>	Order Detail
Other Patient History	Continue	Rx	Order	Acetaminophen 325 MG Tablet	650MG BY MOUTH EVERY 6 HRS AS NEEDED FOR PAIN
Other Patient History	Continue	Rx	Order	Aspirin 81 MG Tablet (365 day)	81 MG BY MOUTH DAILY
BOP	Continue	Rx	Order	Clopidogrel Tablet	75MG BY MOUTH DAILY
ВОР	Continue	Rx	Order	Metoprolol Tartrate Tablet	25MG BY MOUTH TWICE A DAY
		OTC		No known OTCs	

#### **New Laboratory Requests:**

DetailsFrequencyDue DatePriorityLab Tests - Short List-General-Hep B surface AbOne Time10/25/2022 00:00Routine

Lab Tests - Short List-General-Hep B core Ab,

Total

Lab Tests - Short List-General-HIV 1/2

Lab Tests - Short List-General-Hep B surface Ag

Lab Tests - Short List-General-RPR

Lab Tests - Short List-General-Hep C Ab

Order Set Name: BOP - New Commit Intake Orders - v5

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054
Date of Birth: Sex: M Race: BLACK
Encounter Date: 10/18/2022 12:58 Provider: Ortiz, Lydia RN Facility: BRO

**New Consultation Requests:** 

<u>Consultation/Procedure</u> <u>Target Date</u> <u>Scheduled Target Date</u> <u>Priority</u> <u>Translator</u> <u>Language</u>

Emergency Room 10/18/2022 10/18/2022 Emergent No

Subtype:

**Emergency Room** 

Reason for Request:

60YO Male with HTN and 40+ yr hx of smoking

CT of abdomen and Pelvis last night showing occlusion of right femoral artery and aneurysm that needs evaluation by a vascular surgeon ASAP

Right inguinal hernia that needs evaluation by a general surgeon

PLEASE TAKE TO BROOKLYN HOSPITAL FOR FURTHER EVALUATION AND TREATMENT

Provisional Diagnosis:

OCCLUSION OF RIGHT FEMORAL ARTERY AND ANEURYSM

RIGHT INGUINAL HERNIA

**Reconciled Orders:** 

No active [Labs, XRays, NMOS, etc.] orders to be reviewed.

Schedule:

<u>Activity</u> <u>Date Scheduled</u> <u>Scheduled Provider</u>

History/Physical 10/18/2022 00:00 MLP 01

Order Set Name: BOP - New Commit Intake Orders - v5

to be done within 14 days of arrival

COVID-19 Pfizer-BioNTech Vaccine 10/18/2022 00:00 IOP/IDC

Order Set Name: BOP - New Commit Intake Orders - v5

PPD Reading 10/20/2022 00:00 Nurse

**Order Sets Used in This Encounter:** 

BOP - New Commit Intake Orders - v5

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No Cosign Required: Yes

Telephone/Verbal Order: Yes By: Bialor, Bruce (MAT) MD, CD

Telephone or Verbal order read back and verified.

Completed by Ortiz, Lydia RN on 10/18/2022 15:23

Requested to be cosigned by Bialor, Bruce (MAT) MD, CD.

Cosign documentation will be displayed on the following page.

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### Bureau of Prisons Health Services History & Physical

Inmate Name: DENNIS, WILLIE

Date of Birth: 1962

Encounter Date: 11/30/2022 15:08

DENNIS, WILLIE

Sex: M Race: BLACK Facility: BRO
Provider: Timothy, Beverly ANP-C Unit: H05

Seizures: Denied
Diabetes: Denied

Cardiovascular:

Age of Onset:

Hx of Shortness of Breath: No Hx of Rheumatic Fever: No Hx of Valvular Disease: No Hx of SBE Prophylaxis: No Hx of Chest Pain: No Hx of Murmur: No Hx of CAD: No Hx of CHF: No **Hx of Blood Clot:** No Pacemaker: No **Defibrillator:** No Edema: No Last MI: 2018

Comments:

CVA: Denied

**Hypertension:** 

Age of Onset: Adult (51-60 Years)

Comments:

Respiratory: Denied
Sickle Cell Anemia: Denied
Carcinoma/Lymphoma: Denied
Allergies: Denied

**Tuberculosis:** 

Hx of Previous Disease: No

**Blood-tinged Sputum: No** 

Night Sweats: No Weight Loss: No

Fever: No
Cough: No
Comments:

#### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 18 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: /1962 Μ Race: BLACK Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

#### **Infectious Disease Risk Factors:**

IV Drug Use: No

IV Drug Use Needles:

Sexual Partner IV Drug Use: No

Sexual Partner IV Drug Use Needles: Female Sexual Partners (Last 5 Yrs): 2-5

Male Sexual Partners (Last 5 Yrs): 0

Condom Use: Always

Sexual Contact With HIV+ Individual: No

**Blood Product Transfusion: No** 

Travel Outside US: No

Tattoos: No Comments:

HIV History: Denied Hepatitis: Denied

#### Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: No
Gonorrhea: No
Herpes: No
Chicken Pox: Yes

No

Comments:

Other:

Abuse History: Denied

Physical: No Emotional: No Sexual: No Comments:

#### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 19 of 65

DENNIS, WILLIE Inmate Name: Reg #: 91401-054 Date of Birth: Sex: Μ Race: BLACK /1962 Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

#### Mental Health:

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal General Appearance: Normal

Behavior: Cooperative

**Mood:** Appropriate to Content **Thought Process:** Goal Directed

Thought Content: Normal

Hx of Mental Health Treatment: None

Hx of Head Injury: None

Current Mental Health Treatment: No Current Mental Health Complaint: No Hx of Loss of Consciousness: No

Hx of Hearing Voices: No

Past History of Suicide Attempt: No

Current Suicide Ideation: No Suicide Prevention Initiated: No

Comments:

**Substance Use History:** 

Last UsedFrequencyRouteTypeAmountAlcoholWithin 6 monthsMonthlyWine1 drink / day

**Hx of Withdrawal Symptoms:** 

Comments:

Current Painful Condition: Denied

Other Health Issues:

**Current Medical Conditions:** 

**Other Current Treatments:** 

Pregnant: N/A

Postpartum: N/A

**Dental Condition:** Denied

#### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 20 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Μ Race: BLACK /1962 Facility: **BRO** Encounter Date: 11/30/2022 15:08 Timothy, Beverly ANP-C Provider: Unit: H05

#### **Observations:**

**Draining Skin Lesions: No** 

Signs of Lice: No

Signs of Scabies: No

Signs of Recent Trauma: No

Recent Tattoos: No Needle Marks: No Signs of Rash: No Open Sores: No

Wounds: No

**Body Deformities: No** 

Tremors: No Sweating: No Comments:

#### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 21 of 65 Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Μ Race: BLACK /1962 Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05 Immunizations: Hepatitis A Series Administration: History Unknown, Not Administered Documented Date: 11/30/2022 15:25 EST **Immunization Date:**

Provider: Timothy, Beverly ANP-C

Location: Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

**Comments:** 

Hepatitis B Series Administration: History Unknown, Not Administered

Documented Date: 11/30/2022 15:25 EST

**Immunization Date:** 

Provider: Timothy, Beverly ANP-C

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Measles/Mumps/Rubella Series Administration: History Unknown, Not Administered

**Documented Date:** 11/30/2022 15:25 EST

**Immunization Date:** 

Provider: Timothy, Beverly ANP-C

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Smallpox Series Administration: History Unknown, Not Administered

Documented Date: 11/30/2022 15:25 EST

Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 22 of 65 Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Μ Race: BLACK /1962 Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05 **Immunization Date:** Provider: Timothy, Beverly ANP-C Location: Drug Mfg: Lot Number:

Lot Number:
Dosage:
Route:
Exp Dt:
Comments:

Tetanus-Diphtheria Administration: History Unknown, Not Administered

**Documented Date:** 11/30/2022 15:25 EST

**Immunization Date:** 

Provider: Timothy, Beverly ANP-C

Location:
Drug Mfg:
Lot Number:
Dosage:
Route:

**Exp Dt:** 

Comments:

Varicella Series Administration: History Unknown, Not Administered

Documented Date: 11/30/2022 15:25 EST

**Immunization Date:** 

Provider: Timothy, Beverly ANP-C

Location:
Drug Mfg:
Lot Number:
Dosage:

Route: Exp Dt:

Comments:

Temperature:

<u>Date Time Fahrenheit Celsius Location Provider</u>

11/30/2022 15:15 BRO 98.1 36.7 Forehead Timothy, Beverly ANP-C

Pulse:

DateTimeRate Per MinuteLocationRhythmProvider

11/30/2022 15:15 BRO 66 Timothy, Beverly ANP-C

Generated 12/01/2022 18:02 by Timothy, Beverly ANP-C

Bureau of Prisons - BRO

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Μ Race: BLACK /1962 Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

<u>Date Time Rate Per Minute Location Rhythm Provider</u>

**Respirations:** 

<u>Date Time Rate Per Minute Provider</u>

11/30/2022 15:15 BRO 18 Timothy, Beverly ANP-C

**Blood Pressure:** 

<u>Date Time Value Location Position Cuff Size Provider</u>

11/30/2022 15:15 BRO 106/76 Left Arm Sitting Timothy, Beverly ANP-C

SaO2:

<u>Date Time Value(%) Air Provider</u>

11/30/2022 15:15 BRO 99 Room Air Timothy, Beverly ANP-C

Height:

<u>Date</u> <u>Time</u> <u>Inches</u> <u>Cm</u> <u>Provider</u>

11/30/2022 15:15 BRO 66.0 167.6 Timothy, Beverly ANP-C

Weight:

<u>Date Time Lbs Kg Waist Circum. Provider</u>

11/30/2022 15:15 BRO 153.0 69.4 Timothy, Beverly ANP-C

Prosthetic Devices/Equipment: Denied

**Tobacco Usage:** 

Cigarettes: 1 pkgs per day x 30 years

Cigars: Pipes:

Smokeless:

**General Social History:** 

Foreign Travel:

Born in USA: Yes
Country of Birth: USA

**Patient Education Assessments:** 

<u>Date</u> <u>Ed Yrs Occupation</u> <u>Learns Best By Primary Language Barriers to Education</u>

11/30/2022 19 Lawyer Reading/Writing English None

Family History - Father:

Age at Death:
Cause of Death:
Significant Illnesses:

Comments: 87 y/o

Alive

Dementia

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: /1962 Sex: Μ Race: BLACK Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

Family History - Mother:

Age at Death:

Cause of Death:

Significant Illnesses:

Heart Disease Hypertension

Comments: 83 y/o

Alive

Family History - Sibling:

Number of Siblings: 1

Significant Illnesses:

Hypertension

Comments: Brother - 1 - HTN

Sister - 1 - deceased - Heart Attack - age 58

ROS:

Integumentary

Hair

Yes: Within Normal Limits

**Nails** 

Yes: Within Normal Limits

Skin

Yes: Within Normal Limits

**HEENT** 

**Ears** 

Yes: Within Normal Limits

**Eyes** 

Yes: Hx Eye Glasses

Head

Yes: Within Normal Limits

Mouth

Yes: Within Normal Limits

Neck

Yes: Within Normal Limits

Nose

Yes: Within Normal Limits

**Throat** 

Yes: Within Normal Limits

**Sinuses** 

Yes: Within Normal Limits Last eye exam over 1.5 years

Cardiovascular

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: 1962 Sex: Μ Race: BLACK Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

**Arteries and Veins** 

Yes: Hx DVT

General

Yes: Hx Hypertension, Hx of Heart Disease, Hx of Hyperlipidemia

MI - 2018

CAD

PVD

**Pulmonary** 

**Respiratory System** 

Yes: Within Normal Limits

GI

General

No: Within Normal Limits

Umbilical Hernia Right Inguinal Hernia

GU

General

Yes: Within Normal Limits

Musculoskeletal

General

Yes: Within Normal Limits

Neurological

**Autonomic System** 

Yes: Within Normal Limits

**Cranial Nerves** 

Yes: Within Normal Limits

**Motor System** 

Yes: Within Normal Limits

**Sensory System** 

Yes: Within Normal Limits

**Endocrine** 

General

Yes: Within Normal Limits

**Psychiatric** 

General

Yes: Within Normal Limits

Lymphatics

General

Yes: Within Normal Limits

Head:

Normal: Yes Comments:

#### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 26 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Μ Race: BLACK 1962 Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

#### Eyes:

EOMI: Yes Icterus:No

Conjunctival Inflammation: No

Pupils PERRLA: Yes

Pupil Size Rt: Pupil Size Lt:

**Pupils Comments:** 

Fundi Vessels Nicking: No Fundi Vessels Discs Flat: Yes

Fundi Vessels Discs Sharp Margins: Yes Fundi Vessels Grounds Abnormal: No

**Eyes Comments:** 

#### Ears:

Right Ear: Canal patent

Left Ear: Canal patent

**Ears Comments:** 

#### Nose:

Nares Patent: Yes
Septum Midline: Yes
Septum Intact: Yes
Drainage/Discharge: No

Polyps: No

**Nose Comments:** 

#### **Mouth**

Lesions: No

Oral/Buccal Mucosa: Yes

Gums Normal: Yes
Tonsils Present: Yes

Tonsils Normal: Yes

Pharynx: Normal Color
Teeth Poor Dentition: No
Teeth Count: Mostly Present

Dentures: No

**Mouth Comments:** 

#### **Cranial Nerves:**

Intact II-XII: Yes

**Cranial Nerves Comments:** 

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Μ Race: BLACK /1962 Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

#### Neck:

Full ROM: Yes

Masses/Nodes: No Trachea: Midline Thyroid: Normal Size

Comments:

**Breasts: Not Done** 

Instructions for Self Breast Exam Given: No.

**Comments:** No Male Chaperone available

Deferred - decline - no complaints voiced

Thorax:

Contour Normal: Yes

Increased AP Diameter: No Asymmetrical Expansion: No

Lungs Clear: Yes
Wheezes: No
Crackles: No
Rhonchi: No

Rales: No

Accessory Muscle Use: No

Comments:

Spine:

Deformity: No Full ROM: Yes Tenderness: No Comments:

#### Cardiovascular:

RRR: Yes

Normal S1/S2: Yes Murmurs: No Carotid Bruits: No

JVD: No

 Arteries:
 Right
 Left

 Radial:
 2
 2

 Femoral:
 2
 2

 Dorsalis Pedis:
 2
 2

 Post. Tibialis:
 2
 2

Comments:

#### Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 28 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Μ /1962 Race: BLACK Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

#### Abdomen:

Normal Contour: Yes

Scaphoid: No
Obese: No
Gravid: No
Hernias: No
Bruits: No
Masses: No
Scars: No

**Tenderness**: No **Organomegaly**: No

Active Bowel Sounds: Yes

Comments:

#### **Extremities:**

Nails Clubbing: No Nails Cyanosis: No

Lower Extremity Edema - Right: None Lower Extremity Edema - Left: None

Atrophy: No
Amputations: No

Other Deformities: No

Varicosities: No Calf Tenderness: No Pulse Deficit: No

Strength: **Right Left** Arm: Normal Normal Leg: Normal Normal Full ROM: Right **Left** Arm: Yes Yes Leg: Yes Yes

Comments:

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: Μ Race: BLACK /1962 Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

Reflexes:

Right Left

Biceps:

**Patellar:** 2/4 2/4

**Brachioradialis:** 

**Achilles:** 

Sensation:

Vibratory: Yes Light Touch: Yes Pin Prick: Yes

Comments:

GU:

**Chaperoned By:** 

**Rectum: Not Done** 

**Comments:** No Male Chaperone available

Deferred - decline - no complaints voiced

Male Genitalia:

Penis:

Circumcised: Yes Lesions: No Discharge: No

**Testicles:** 

Masses: No Hernias: Yes Size: Normal Size

**Atrophy Location:** 

Varicocele/Spermatocele:

Comments: Exam conducted MD

Large Right Inguinal Hernia extending into scrotum

Skin:

Normal: Yes Rash: No Redness: No

**Abnormal Pigmentation:** No **Abnormal Lesions/Growths:** No

Comments:

Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 30 of 65

Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: Sex: 1962 Μ Race: BLACK Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

#### Lymphatics:

Adenopathy: No

**Comments:** 

#### Potential Items For Follow-up:

#### <u>Item</u>

Cardiac History

Hypertension History

Other Infectious Disease History

Substance Abuse History

Tobacco History

**Breasts Not Done** 

Rectum Not Done

Testicle Hernia

PPD Administration Not Performed

#### Cleared For Food Services: Yes

Health Problems Newly Identified During This Encounter:

**Health Problem** 

Umbilical hernia - Current -

#### **New Non-Medication Orders:**

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	Ordered By
Blood Pressure	Weekly	45 days		Timothy, Beverly

ANP

Order Date: 11/30/2022

EKG One Time Timothy, Beverly

ANP-C

Order Date: 11/30/2022

Schedule:

<u>Activity</u> <u>Date Scheduled Scheduled Provider</u>

Optometry Exam 11/30/2022 00:00 Optometrist Follow-up 12/21/2022 00:00 MLP 01

HTN CAD PVD

Other:

60 y/o male presents today for routine H & P, wants to have daily BP check, want so to inguinal hernia reduced, concern about occlusion right leg

Discussed clinical findings from exam

Discussed plan of care

Discussed medication adherence

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Inmate Name: DENNIS, WILLIE Reg #: 91401-054 Date of Birth: 1962 Sex: Μ Race: BLACK Facility: **BRO** Encounter Date: 11/30/2022 15:08 Provider: Timothy, Beverly ANP-C Unit: H05

Discussed hand, respiratory & eye hygiene

Discussed fall precautions

Discussed daily foot care

Discussed daily skin care

Instructed to reduce sodium intake

Instructed concentrated sweets

Instructed to increase PO water intake

Instructed to increase fiber - fruits & vegetables intake

Discussed diet (Low Fat/Chol/Low Salt), weight loss, stress management strategies, daily exercise - @ least 30

min/day, & lifestyle modifications

Discussed prostate exam & colonoscopy

Discussed self-care & preventative health maintenance

Instructed to RTC PRN

#### Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Timothy, Beverly ANP-C on 12/01/2022 18:02 Requested to be cosigned by Bialor, Bruce (MAT) MD, CD. Cosign documentation will be displayed on the following page.

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## Bureau of Prisons Health Services

#### Vitals All

Begin Date: 12/15/2021 End Date: 12/15/2022
Reg #: 91401-054 Inmate Name: DENNIS, WILLIE

Temperature:

<u>Date Time Fahrenheit Celsius Location Provider</u>

11/30/2022 15:15 BRO 98.1 36.7 Forehead Timothy, Beverly ANP-C

Orig Entered: 11/30/2022 15:25 EST Timothy, Beverly ANP-C

10/18/2022 13:05 BRO 97.6 36.4 Forehead Ortiz, Lydia RN

Orig Entered: 10/18/2022 13:07 EST Ortiz, Lydia RN

Pulse:

<u>Date Time Rate Per Minute Location Rhythm Provider</u>

12/13/2022 13:13 BRO 62 Via Machine Fortilus, Guerline Medical

Orig Entered: 12/13/2022 13:14 EST Fortilus, Guerline Medical Assistant

12/07/2022 14:32 BRO 62 Via Machine Fortilus, Guerline Medical

Orig Entered: 12/07/2022 14:33 EST Fortilus, Guerline Medical Assistant

11/30/2022 15:15 BRO 66 Timothy, Beverly ANP-C

Orig Entered: 11/30/2022 15:25 EST Timothy, Beverly ANP-C

10/18/2022 15:02 BRO 86 Via Machine Ortiz, Lydia RN

Orig Entered: 10/18/2022 15:05 EST Ortiz, Lydia RN

**Respirations:** 

<u>Date</u> <u>Time</u> <u>Rate Per Minute</u> <u>Provider</u>

11/30/2022 15:15 BRO 18 Timothy, Beverly ANP-C

Orig Entered: 11/30/2022 15:25 EST Timothy, Beverly ANP-C

10/18/2022 15:02 BRO 20 Ortiz, Lydia RN

Orig Entered: 10/18/2022 15:05 EST Ortiz, Lydia RN

**Blood Pressure:** 

<u>Date Time Value Location Position Cuff Size Provider</u>

12/13/2022 13:10 BRO 117/73 Left Arm Sitting Adult-regular Fortilus, Guerline Medical

Orig Entered: 12/13/2022 13:12 EST Fortilus, Guerline Medical Assistant

12/07/2022 14:20 BRO 114/73 Left Arm Sitting Adult-regular Fortilus, Guerline Medical

Orig Entered: 12/07/2022 14:21 EST Fortilus, Guerline Medical Assistant

11/30/2022 15:15 BRO 106/76 Left Arm Sitting Timothy, Beverly ANP-C

Orig Entered: 11/30/2022 15:25 EST Timothy, Beverly ANP-C

10/18/2022 15:02 BRO 141/89 Left Arm Sitting Adult-large Ortiz, Lydia RN

Orig Entered: 10/18/2022 15:05 EST Ortiz, Lydia RN

SaO2:

<u>Date Time Value(%) Air Provider</u>

12/13/2022 13:12 BRO 100 Room Air Fortilus, Guerline Medical Assistant

Orig Entered: 12/13/2022 13:14 EST Fortilus, Guerline Medical Assistant

12/07/2022 14:32 BRO 100 Room Air Fortilus, Guerline Medical Assistant

Orig Entered: 12/07/2022 14:33 EST Fortilus, Guerline Medical Assistant

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 Begin Date:
 12/15/2021
 End Date:
 12/15/2022

 Reg #:
 91401-054
 Inmate Name:
 DENNIS, WILLIE

11/30/2022 15:15 BRO 99 Room Air Timothy, Beverly ANP-C

Orig Entered: 11/30/2022 15:25 EST Timothy, Beverly ANP-C

Height:

<u>Date Time Inches Cm Provider</u>

11/30/2022 15:15 BRO 66.0 167.6 Timothy, Beverly ANP-C

Orig Entered: 11/30/2022 15:25 EST Timothy, Beverly ANP-C

10/18/2022 15:03 BRO 66.0 167.6 Ortiz, Lydia RN

Orig Entered: 10/18/2022 15:05 EST Ortiz, Lydia RN

Weight:

<u>Date Time Lbs Kg Waist Circum. Provider</u>

11/30/2022 15:15 BRO 153.0 69.4 Timothy, Beverly ANP-C

Orig Entered: 11/30/2022 15:25 EST Timothy, Beverly ANP-C

10/18/2022 15:03 BRO 150.0 68.0 Ortiz, Lydia RN

Orig Entered: 10/18/2022 15:05 EST Ortiz, Lydia RN

## Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 34 of 65 Bureau of Prisons

# Bureau of Prisons Health Services Health Problems

Reg #: 91401-054 Inmate Name: DENNIS,	WILLIE			
<u>Description</u>	Axis Code Type	<u>Code</u>	Diag. Date Status	Status Date
	Current			
Type 2 diabetes mellitus				
12/06/2022 16:52 EST Kang, Yoon PA-C	ICD-10	E119	12/06/2022 Current	
Hyperparathyroidism, unspecified				
12/14/2022 14:33 EST Bialor, Bruce (MAT) MD, CD Primary hyperparathyroidism	ICD-10	E213	12/14/2022 Current	
Hyperlipidemia, unspecified				
10/20/2022 17:16 EST Bialor, Bruce (MAT) MD, CD	ICD-10	E785	10/18/2022 Current	
Essential (primary) hypertension				
10/20/2022 17:16 EST Bialor, Bruce (MAT) MD, CD	ICD-10	I10	10/18/2022 Current	
Ischemic cardiomyopathy				
11/21/2022 14:23 EST Bialor, Bruce (MAT) MD, CD 3-Vessel CAD, with decreased LVEF.	ICD-10	1255	10/27/2022 Current	
Aneurysm of unspecified site				
10/20/2022 17:16 EST Bialor, Bruce (MAT) MD, CD R femoral artery	ICD-10	1729	10/18/2022 Current	
Peripheral vascular disease				
11/21/2022 14:23 EST Bialor, Bruce (MAT) MD, CD R Femoral Artery Occlusion.	ICD-10	1739	10/18/2022 Current	
10/20/2022 17:16 EST Bialor, Bruce (MAT) MD, CD	ICD-10	1739	10/18/2022 Current	
Inguinal hernia				
11/21/2022 14:23 EST Bialor, Bruce (MAT) MD, CD Right.	ICD-10	K4090	10/18/2022 Current	
10/20/2022 17:16 EST Bialor, Bruce (MAT) MD, CD	ICD-10	K4090	10/18/2022 Current	
Umbilical hernia				
11/30/2022 15:37 EST Timothy, Beverly ANP-C	ICD-10	K429	11/30/2022 Current	

### Resolved

Confirmed case COVID-19

Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 35 of 65 Inmate Name: DENNIS, WILLIE

Reg #: 91401-054 Inmate Name: DENNIS, WILLIE

<u>Description</u>	Axis Code Type	<u>Code</u>	Diag. Date Status	Status Date
12/13/2022 09:55 EST Jordan, Duvinka RN/IDC/IOP	ICD-10	U07.1	11/18/2022 Resolved	12/13/2022
11/21/2022 14:13 EST Bradwisch, Troy RN	ICD-10	U07.1	11/18/2022 Current	

Total: 10

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### Bureau of Prisons Health Services

### **Treatments**

 Begin Date:
 12/15/2021
 End Date:
 12/15/2022

 Reg #:
 91401-054
 Inmate Name:
 DENNIS, WILLIE

DateTimeTreatmentProviderStatus12/07/202214:18 BROEKGFortilus, GuerlineCompleted

Orig Entered: 12/07/2022 14:18 EST Fortilus, Guerline Medical Assistant

Total: 1

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# Health Services Medication Summary

#### Historical

 Complex:
 BRO--BROOKLYN MDC
 Begin Date:
 12/15/2021
 End Date:
 12/15/2022

 Inmate:
 DENNIS, WILLIE
 Reg #:
 91401-054
 Quarter:
 H05-502L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

#### **Active Prescriptions**

Acetaminophen 325 MG Tab

Take two tablets (650 MG) by mouth every six hours AS NEEDED for pain

Rx#: 434219-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 10/18/22 **Exp:** 11/17/22 **Pharmacy Dispensings:** 56 TAB in 30 days

Aspirin 81 MG EC Tab

Take one tablet (81 MG) by mouth each day

Rx#: 434220-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 10/18/22 **Exp:** 11/17/22 **Pharmacy Dispensings:** 30 TAB in 30 days

Aspirin 81 MG EC Tab

Take one tablet (81 MG) by mouth each day

Rx#: 435890-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 11/21/22 **Exp:** 02/19/23 **Pharmacy Dispensings:** 30 TAB in 24 days

Atorvastatin 80 MG TAB

Take one tablet (80 MG) by mouth each day -- While taking Paxlovid for COVID, do not take this medication.

Rx#: 435891-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 11/21/22 **Exp:** 02/19/23 **Pharmacy Dispensings:** 30 TAB in 24 days

Clopidogrel Bisulfate 75 MG Tab

Take one tablet (75 MG) by mouth each day

Rx#: 434221-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 10/18/22 **Exp:** 11/17/22 **Pharmacy Dispensings:** 30 TAB in 30 days

Empagliflozin 25 MG Tablet

Take one tablet (25 MG) by mouth each day \*\*non-formulary approved until: 11/21/24

Rx#: 435948-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 11/22/22 **Exp:** 02/20/23 **Pharmacy Dispensings:** 30 TAB in 23 days

Metoprolol Succ XL 24 Hour 50 MG Tab Take one tablet (50 MG) by mouth each day

Rx#: 435892-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 11/21/22 **Exp:** 02/19/23 **Pharmacy Dispensings:** 30 TAB in 24 days

Begin Date: <mark>2</mark>/15/2022 Complex: BRO--BROOKLYN MDC Inmate: DENNIS, WILLIE Reg #: 91401-054 Quarter: H05-502L

#### **Active Prescriptions**

Metoprolol Tartrate 25 MG Tab

Take one tablet (25 MG) by mouth twice daily

Rx#: 434222-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 10/18/22 **Exp:** 11/17/22 Pharmacy Dispensings: 60 TAB in 30 days

Nirmatrelvir/Ritonavir 300/100 mg Tab pack

Take 2 tablets of nirmatrelvir (300mg) and 1 tablet of ritonavir (100mg) by mouth twice daily for 5 days

Doctor: Bialor, Bruce (MAT) MD, CD Rx#: 435893-BRO

**Start:** 11/21/22 Exp: 11/26/22 Pharmacy Dispensings: 30 TAB in 5 days

Sacubitril-Valsartan 24-26 MG Tablet Take one tablet by mouth twice daily

Rx#: 435894-BRO Doctor: Bialor, Bruce (MAT) MD, CD

**Start:** 11/21/22 **Exp:** 02/19/23 Pharmacy Dispensings: 60 TAB in 24 days

Spironolactone 25 MG Tab

Take one tablet (25 MG) by mouth each day

Doctor: Bialor, Bruce (MAT) MD, CD **Rx#:** 435895-BRO

**Start:** 11/21/22 **Exp:** 02/19/23 Pharmacy Dispensings: 30 TAB in 24 days

## Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 39 of 65 Bureau of Prisons \*\*SENSITIVE BUT UNCLASSIFIED\*\*

# Bureau of Prisons Psychology Services Referral - STAFF

Inmate Name: DENNIS, WILLIE Reg #: 91401-054

Date of Birth: M Facility: BRO Unit Team: H

Date: 11/28/2022 13:00 Provider: Barrett, N. DTS

#### Comments

DENNIS is an A-PRE detainee at BRO who reported a substance use history significant for cigarette use during a psychology intake (see associated 11-22-2022 Intake Screening). A referral for the Non-residential Drug Abuse Program (NR DAP) was made by the interviewer.

DENNIS is currently in isolation status on G-41. He may be considered for programming when he returns to general population and the program is in open enrollment status on the unit he is assigned. Per referral, DENNIS will be added to the local NR DAP waitlist and contacted for assessment as noted above. Referral source was notified of the same.

Completed by Barrett, N. DTS on 12/05/2022 11:17

## Case 1:20-cr-00623-JSR Bureaunof Prisons 01/06/23 PRENSITIVE BUT UNCLASSIFIED\*\*

## Psychology Services Intake Screening

Inmate Name: DENNIS, WILLIE Reg #: 91401-054

Date of Birth: Sex: M Facility: BRO Unit Team: G

Date of Birth: Market M

#### Limits of Confidentiality

Limits of confidentiality were reviewed with Mr. Dennis. He expressed an understanding of the limits of confidentiality and consented to be interviewed accordingly.

#### Data Source(s)

The following data sources were reviewed in conjunction with this Initial Intake Evaluation: Self-Report, SENTRY, PSIQ.

Mr. Dennis was seen by this writer for the completion of his PSIQ upon his return from the hospital. While completing the PSIQ, Mr. Dennis reported that he wished to speak to a mental health provider and wished to speak about drug treatment programming. As such, a psychology intake screening was immediately conducted. Mr. Dennis reported currently withdrawing from cigarette use. He also reported feeling depressed, anxious, and hopeless on his PSIQ.

#### Mental Health History and Current Symptoms

No history of mental health issues was noted.

No history of prior mental health treatment was noted.

Current mental health symptoms were noted: Depression, Anxiety.

Mr. Dennis reported feeling depressed, anxious, and hopeless on his PSIQ. When asked about these current symptoms, Mr. Dennis relayed that he is stressed out because he was recently hospitalized for a heart blockage and hernia. He indicated that he is currently taking medications to treat these medical issues. But he feels stressed out and stated that he could have a heart attack at any time. Mr. Dennis is also currently in a single, isolation cell due to being diagnosed with COVID-19. Finally, he is stressed out about his parents as well, as he was their primary caretaker in Florida prior to his current incarceration.

No suicidal ideation, attempts, or self-harm were noted.

#### Substance Use

A history of substance use was noted: Other.

Mr. Dennis reported a substance use history significant for cigarette use. He indicated that he last used cigarettes on 10/22/2022, and he is currently experiencing symptoms of withdrawal. He denied any other history of substance use. He expressed interest in NRDAP programming at this institution, and he will be referred for such programming by this writer.

No history of substance use treatment was noted.

#### Sex Offenses

No sexual offense convictions were noted.

No history of sexual predation in a correctional setting was noted.

#### Relevant Psychosocial History

Noteworthy psychosocial issues: Marital/Family History, Criminal History.

Mr. Dennis is a 60-year-old, black male. He was living in Orlando, Florida prior to his incarceration, and he reported that he was the primary caretaker for both of his parents in Florida. He indicated that his parents are aware that he is now incarcerated in NY, and he last spoke to them on 11/18/2022. Mr. Dennis currently identifies as single, and he has two children, ages 27 and 24.

Mr. Dennis reported that he did not have a job prior to his incarceration, as he was caring for his parents on a full-time basis.

Mr. Dennis indicated that he is currently charged with "threatening over emails." A review of SENTRY revealed that Mr. Dennis is currently charged with cyberstalking.

Inmate Name: DE 10 MISE WILD Ecr-00623-JSR Document 130-1 Filed 01/06 12 Page 41-05465

Date of Birth: Sex: M Facility: BRO Unit Team: G

Date: 11/22/2022 13:56 Provider: Rosinski, Amanda PhD

Adverse Childhood Experiences

Trauma Need: NO

	<u>No</u>	<u>Yes</u>	Didn't Say
Verbal Abuse	[x]		
Physical Abuse	[x]		
Sexual Abuse	[x]		
Emotional Abuse	[x]		
Neglect of Basic Needs	[x]		
Loss of Biological Parent	[x]		
Physical Abuse of Maternal Figure	[x]		
Substance Abuse by Household Member	[x]		
Suicide Attempt/Mental Illness of Household Member	[x]		
Loss of Household Member to Prison	[x]		
Experience of adult trauma			[x]

#### Adjustment to Incarceration

Adjustment to incarceration concerns were identified: Separation from Family, Other.

Mr. Dennis was recently hospitalized for medical concerns, including a heart blockage and a hernia. He reported feeling stressed out because of his medical issues, and he is also worried about his parents. He was reportedly their primary caretaker prior to his incarceration. Mr. Dennis is currently housed in a single, isolation cell due to being diagnosed with COVID-19. He reported normal eating and sleeping habits. Although he did not report any major concerns about his adjustment to this specific institution, Mr. Dennis reported feeling generally stressed out because of his current health and his parents' well-being. Mr. Dennis maintains a close relationship with his parents and is currently separated from them.

Current Mental Status: Mr. Dennis was alert and oriented. He was polite, calm, and cooperative in demeanor. He exhibited a neutral affect with appropriate range. Eye contact and hygiene were appropriate. He spoke with normal rate, tone, and volume. His thoughts were organized and coherent, with no loosening of associations or tangential, circumstantial, or irrelevant content. There was no evidence of perceptual disturbance, delusional ideation, or a formal thought disorder. He did not engage in any bizarre or inappropriate behavior. He noted having normal eating and sleeping habits. Mr. Dennis explicitly denied recent and current suicidal ideation, planning, and intent. He was future oriented and expressed a willingness to contact staff immediately should he experience suicidal ideation or psychological distress. He also denied thoughts of harming others.

#### **Findings**

Care Level: CARE1-MH

Mr. Dennis currently appears stable, and he did not exhibit any signs of major mood or thought disturbance. He reported feeling stressed out over his physical health and his parents' well-being. Mr. Dennis is currently being medically treated for his health concerns. He reported maintaining normal eating and sleeping habits. He denied any other major concerns about his incarceration. He has no recent significant mental health problems, his current presentation does not indicate current mental health problems, and he denied the need for psychological services at this time. Therefore, a CARE1-MH level seems most appropriate at this time. CARE1-MH is indicative of an inmate who shows no significant level of functional impairment associated with a mental illness and demonstrates no need for regular mental health intervention.

#### Recommendations

The following psychological services are recommended: Drug Treatment Program, Follow-Up Appointment, Other.

Based on his reported interest, this writer referred Mr. Dennis for NRDAP programming.

Mr. Dennis was educated about both routine and emergency procedures for contacting Psychology Services should he require assistance in the future. Due to his recent stressors regarding his physical health and his parents' well-being, Mr. Dennis will be seen in approximately one month for a follow-up appointment. He expressed willingness to self-refer to psychology staff if needed. He was encouraged to reach out for PRN services should he experience any psychological distress.

Completed by Rosinski, Amanda PhD on 11/28/2022 11:31

Reviewed by Schlessinger, K. PsyD, PhD/Chief Psychologist on 11/28/2022 11:32



## U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street Springfield, MO 65807 417-874-1621

*** Sensitive	But	Unc	lassified	**
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Name DENNIS, WILLIE	Facility MDC Brooklyn	Collected 12/13/2022 12:51 EST
Reg # 91401-054	Order Unit H05-502L	Received 12/14/2022 11:55 EST
<b>DOB</b> /1962	Provider Yoon Kang, PA-C	Reported 12/14/2022 14:16 EST
Sex M		<b>LIS ID</b> 340222797

		CHEMISTRY		
Calcium	Н	10.8	8.8-10.2	mg/dL
Phosphate (As Phosp	horus)	2.8	2.5-4.5	mg/dL
Magnesium		2.2	1.6-2.4	mg/dL

## SPECIAL CHEMISTRY

PSA, Total 0.57 <=4.00 ng/mL

The testing method is an electrochemiluminescence assay manufactured by Roche Diagnostics Inc. and performed on the Modular or Cobas system.

Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Vitamin D,25-OH,Total,IA

28.7

30.0-100.0

ng/mL

Deficiency < 20 ng/mL Potential Toxicity > 100 ng/mL

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A! =Abnormal Critical

## AFTER VISIT SUMMARY

91401-054

Bellevue

Willie Dennis MRN:

Claudication in peripheral vascular disease (HCC) 🗖 11/8/2022 - 11/21/2022 🗘 Bellevue IP 17N TELE/MEDECINE

#### Instructions



## Your medications have changed

- START taking: aspirin (BAYER)
- 🖊 🕊 atorvastatin (LIPITOR)
  - ✓ empagliflozin (JARDIANCE) melatonin
  - metoprolol succinate er (TOPROL)
  - nirmatreivir & ritonavir (PAXLOVID 300/100)
  - √ sacubitril-valsartan (ENTRESTO)
  - spironolactone (ALDACTONE)

Review your updated medication list below.

## Why you were hospitalized

Your primary diagnosis was: Claudication in Peripheral Vascular Disease (Hcc)

Your diagnoses also included: Coronary Artery Disease, Non-Recurrent Unilateral Inguinal Hernia Without Obstruction Or Gangrene

#### Current Visit Procedures

Past Procedures (11/8/2022 to 10day)				
Date	Procedures	Providers		
11/15/2022	ANGIOGRAM LOWER EXTREMITY	Joanelle Lugo, MD		

#### Unscheduled Procedures

O I I D C I I C C I	aica i loccaules	
Date	Procedures	Providers
Not	OPEN RIGHT INGUINAL	Robert Reader, MD
Scheduled	HERNIA REPAIR WITH MESH	Dr. B. Bialor
		Clinical Dialor
		Clinical Director



## Additional information on labs $MDC_{R_{r} \cap c} klvn$

Ambulatory Referral to Cardiology

Reason for Referral: triple vessel disease Reason for Referral: General Cardiology

Patient has verbally agreed to referral and acknowledged that this referral may result in an electronic consultation, televisit, or in person visit, and that coinsurance, copays, or other costs may apply, for which the patient will be responsible to pay: Yes

## Your Next Steps

- ② Ask

Ask how to get these medications

- aspirin
- atorvastatin
- empagliflozin
- melatonin
- · metoprolol succinate er
- nirmatrelvir & ritonavir
- sacubitril-valsartan
- spironolactone

## **■** Read

☐ Read these attachments

- CORONARY ARTERY DISEASE, RISK FACTORS (ENGLISH)
- Inquinal Hernia Adult Easy-to-Read (English)

Follow Up Visit 7:30 AM 22 Bellevue General Surgery 462 1st Ave New York NY 10016 844-692-4692

Arrive at: Ambulatory Care 1D

## 腦點は、MYCHART

Our records indicate that you have an  $\operatorname{Dr. B. } \operatorname{Ball Ne} \operatorname{MyChart} \operatorname{account. Did}$  you know linical Dinastorth MyChart, you can... Message your doctor... Request refills... See test results... See your visit summaries and dipcoming appointments and much much hore...

> If you have questions, you can go to https://epicmychart.nychhc.org/help to 'contact our MyChart staff. Remember, for emergencies, always call 911 - do not use MyChart.

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## Additional information on labs (continued)

Ambulatory Referral to General Surgery

Reason for Referral: elective repair of inquinal hernia

Patient has verbally agreed to referral and acknowledged that this referral may result in an electronic consultation, televisit, or in person visit, and that coinsurance, copays, or other costs may apply, for which the patient will be responsible to pay:

Yes

Ambulatory Referral to Vascular Surgery

Reason for Referral: bilateral LE angiogram with intervention for right femoral artery occlusion Patient has verbally agreed to referral and acknowledged that this referral may result in an electronic consultation, televisit, or in person visit, and that coinsurance, copays, or other costs may apply, for which the patient will be responsible to pay:



## **Hospital Course**

#### **Medicine Course:**

Pt arrived to unit in stable condition. No complaints of chest pain, shortness of breath or pain in his RLE at rest. RLE with good pulses, warm to touch, without any numbness. Cardiology, CT surgery, and Vascular surgery consulted to evaluate urgency of his cardiac and vascular interventions. TTE performed showing depressed EF to 35-40%. OSH records reviewed by cardiology. Trop negative, never anginal symptoms. Thus, patient may be medically managed vs complex/targeted PCI. Case to be discussed at Heart Conference. Cardiology and CT surgery decided no need for stress testing. Will pursue medical management of asymptomatic triple vessel disease given recent trials REVIVE and ISCHEMIA. Vascular surgery recommending outpatient management for bilateral angiogram of lower extremities with possible endovascular intervention. General surgery recommending outpatient management of inguinal hernia repair. Pt deemed medically stable for discharge to DOC custody.

You are allergic to the following No active allergies

Date Reviewed: 11/8/2022

#### What's Next

Follow up with Bellevue Vascular Surgery Reason for Referral: bilateral LE angiogram with intervention for right femoral artery occlusion	462 1st Ave New York NY 10016 212-562-5555
Follow up with Bellevue Cardiology Reason for Referral: triple vessel disease	462 1st Ave New York NY 10016 844-692-4692
Follow up with Bellevue Vascular Surgery in 1 month(s)	462 1st Ave New York NY 10016 212-562-5555
Follow up with Bellevue General Surgery in 6 month(s) Wednesday p.m. 1D	462 1st Ave New York NY 10016 844-692-4692

As needed, If symptoms worsen

Reason for Referral: elective repair of inguinal hernia

## Case 1:20-cr-00623-JSR Document 130-1 Filed 01/06/23 Page 45 of 65

## What's Next (continued)

Follow Up Visit Thursday Dec 22, 2022 7:30 AM DEC **22** Ambulatory Care Building 1st Floor Clinic 1D

Bellevue General Surgery 462 1st Ave New York NY 10016 844-692-4692 Arrive at: Ambulatory Care 1D

## Take These Medications After You Go Home

		Morning	Afternoon	Evening	Bedtime	As Needed
START	<b>aspirin</b> 81 MG EC tablet Commonly known as: BAYER Take 1 tablet (81 mg total) by mouth daily.	<b>✓</b>				
START	atorvastatin 80 MG tablet Commonly known as: LIPITOR Take 1 tablet (80 mg total) by mouth nightly.			<b>✓</b>		
START	empagliflozin 25 MG tablet Commonly known as: JARDIANCE Take 1 tablet (25 mg total) by mouth daily.	<b>✓</b>				
START	melatonin 1 MG Tabs tablet Take 5 mg by mouth nightly.			<b>✓</b>		
START	metoprolol succinate er 25 MG 24 hr tablet Commonly known as: TOPROL Take 1 tablet (25 mg total) by mouth daily.	<b>✓</b>				
START	nirmatrelvir & ritonavir 20 x 150 MG & 10 x 100MG therapy pack Commonly known as: PAXLOVID 300/100 Take 2 tabs of nirmatrelvir (150 mg) with 1 tab of ritonavir (100 mg) by mouth twice daily (in the morning and in the evening) for 5 days.  DO NOT take while taking ATORVASTATIN	<b>✓</b>		<b>✓</b>		
START	sacubitril-valsartan 24-26 MG tablet Commonly known as: ENTRESTO Take 1 tablet by mouth every 12 (twelve) hours.	<b>✓</b>		<b>✓</b>		
START	spironolactone 25 MG tablet Commonly known as: ALDACTONE Take 1 tablet (25 mg total) by mouth daily.	<b>✓</b>				

## Where to pick up your medications



## Ask your doctor where to pick up these medications

- aspirin 81 MG EC tablet
- atorvastatin 80 MG tablet
- empagliflozin 25 MG tablet
- melatonin 1 MG Tabs tablet
- metoprolol succinate er 25 MG 24 hr tablet
- nirmatrelvir & ritonavir 20 x 150 MG & 10 x 100MG therapy pack
- sacubitril-valsartan 24-26 MG tablet
- spironolactone 25 MG tablet

## COVID-19 Message

For the latest information from NYC Health + Hospitals about COVID-19, including testing sites, vaccines, care & treatment, and more resources go to www.nychealthandhospitals.org

If you have a fever, cough, sore throat, or shortness of breath that is unrelated to an existing condition, or have questions about COVID-19 testing, please call 1-844-NYC-4NYC (1-844-692-4692).

The updated booster vaccine is now available! To make an appointment or for information about vaccines, please call 1-877-VAX-4NYC (1-877-829-4692)

#### Instructions

Dear Willie Dennis

It was a pleasure to be a part of your medical team during your admission to Bellevue Hospital. Please find below important instructions including changes to your medication regimen and contact information for scheduling appointments and imaging studies.

**REASON FOR ADMISSION TO HOSPITAL:** triple vessel disease

MAJOR EVENTS/TREATMENTS: Started on GDMT

#### IMPORTANT MEDICATION CHANGES

New medications: You should BEGIN taking the following medications at home.

Start taking Paxlovid twice daily for 5 days for your COVID infection

Start aspirin 81mg daily

Start jardiance 25mg daily for your heart

Start Atorvastatin 80mg for your cholesterol - only start taking this 2-3 days AFTER completing paxlovid

Start metoprolol 25mg twice daily for your heart

Start spironolactone 25mg daily for your heart

Start Entresto 24-26mg every 12 hours for your heart and blood pressure

Discontinued Medications: You should **STOP** taking the following medications.

You should CONTINUE taking all of your other home medications as you were prior to your hospitalization (please see complete list on the following pages for more details)

#### **ADDITIONAL INSTRUCTIONS**

When to Return to the Hospital:

CHEST PAIN: If you experience chest tightness/pressure/pain or new and sudden onset shortness of breath, please report to the nearest Emergency Department.

#### Future Laboratory/Imaging Studies:

Angiogram of bilateral lower extremities with vascular surgery

Pending Laboratory Studies to Follow-Up with Your Doctor: none

#### **FOLLOW-UP APPOINTMENTS**

- Please schedule follow-up with your Primary Care Doctor in 1-2 weeks.
- Please schedule follow up with vascular surgery outpatient for management of femoral artery occlusion and angiogram
- Please schedule follow up with general surgery outpatient clinic for management of inguinal hernia 12/22 at 9:00am

NYC	
HEALTH+ HOSPITALS	Bellevue

#### Contact Information:

To make new appointments or reschedule <u>your appointments</u>, please call 212-562-5555.

CORONARY ARTERY DISEASE, RISK FACTORS (ENGLISH)

## **Coronary Artery Disease, Risk Factors**

Research has shown that the risk of developing coronary artery disease (CAD) and having a heart attack increases with each factor you have.

## **RISK FACTORS YOU CANNOT CHANGE**

- Your age. Your risk goes up as you get older. Most heart attacks happen to people over the age of 65.
- Gender. Men have a greater risk of heart attack than women, and they have attacks earlier in life. However, women are more likely to die from a heart attack.
- Heredity. Children of parents with heart disease are more likely to develop it themselves.
- Race. African Americans and other ethnic groups have a higher risk, possibly because of high blood pressure, a tendency toward obesity, and diabetes.
- Your family. Most people with a strong family history of heart disease have one or more other risk factors.

#### RISK FACTORS YOU CAN CHANGE

- Exposure to tobacco smoke. Even secondhand smoke greatly increases the risk for heart disease.
- High blood cholesterol may be lowered with changes in diet, activity, and medicines.
- · High blood pressure makes the heart work harder. This causes the heart muscles to become thick and, eventually, weaker. It also increases your risk of stroke, heart attack, and kidney or heart failure.
- Physical inactivity is a risk factor for CAD. Regular physical activity helps prevent heart and blood vessel disease. Exercise helps control blood cholesterol, diabetes, obesity, and it may help lower blood pressure in some people.
- Excess body fat, especially belly fat, increases the risk of heart disease and stroke even if there are no other risk factors. Excess weight increases the heart's workload and raises blood pressure and blood cholesterol.
- Diabetes seriously increases your risk of developing CAD. If you have diabetes, you should work with your caregiver to manage it and control other risk factors.

#### OTHER RISK FACTORS FOR CAD

- · How you respond to stress.
- · Drinking too much alcohol may raise blood pressure, cause heart failure, and lead to stroke.
- · Total cholesterol greater than 200 milligrams.
- · HDL (good) cholesterol less than 40 milligrams. HDL helps keep cholesterol from building up in the walls of the arteries.

#### PREVENTING CAD

- Maintain a healthy weight.
- · Exercise or do physical activity.
- Eat a heart-healthy diet low in fat and salt and high in fiber.
- Control your blood pressure to keep it below 120 over 80.
- · Keep your cholesterol at a level that lowers your risk.
- · Manage diabetes if you have it.
- Stop smoking.
- Learn how to manage stress.

## **HEART SMART SUBSTITUTIONS**

- Instead of whole or 2% milk and cream, use skim milk.
- Instead of fried foods, eat baked, steamed, boiled, broiled, or microwaved foods.
- Instead of lard, butter, palm and coconut oils, cook with unsaturated vegetable oils, such as corn, olive, canola, safflower, sesame, soybean, sunflower, or peanut.
- Instead of fatty cuts of meat, eat lean cuts of meat or cut off the fatty parts.
- · Instead of 1 whole egg in recipes, use 2 egg whites.
- Instead of sauces, butter, and salt, season vegetables with herbs and spices.
- · Instead of regular hard and processed cheeses, eat low-fat, low-sodium cheeses.
- Instead of salted potato chips, choose low-fat, unsalted tortilla and potato chips and unsalted pretzels and
- · Instead of sour cream and mayonnaise, use plain low-fat yogurt, low-fat cottage cheese, or low-fat or "light" sour cream.

#### FOR MORE INFORMATION

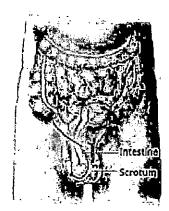
National Heart Lung and Blood Institute: www.nhlbi.nih.gov/health/hearttruth American Heart Association: www.heart.org/HEARTORG

Document Released: 03/09/2005 Document Revised: 03/11/2013 Document Reviewed: 03/04/2009

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Inguinal Hernia Adult Easy-to-Read (English)

## Inguinal Hernia, Adult



An inguinal hernia is when fat or your intestines push through a weak spot in a muscle where your leg meets your lower belly (groin). This causes a bulge. This kind of hernia could also be:

- In your scrotum, if you are male.
- In folds of skin around your vagina, if you are female.

There are three types of inguinal hernias:

- Hernias that can be pushed back into the belly (are reducible). This type rarely causes pain.
- Hernias that cannot be pushed back into the belly (are incarcerated).
- · Hernias that cannot be pushed back into the belly and lose their blood supply (are strangulated). This type needs emergency surgery.

#### What are the causes?

This condition is caused by having a weak spot in the muscles or tissues in your groin. This develops over time. The hernia may poke through the weak spot when you strain your lower belly muscles all of a sudden, such as when you:

- Lift a heavy object.
- Strain to poop (have a bowel movement). Trouble pooping (constipation) can lead to straining.
- Cough.

#### What increases the risk?

This condition is more likely to develop in:

- Males.
- · Pregnant females.
- · People who:
  - · Are overweight.
  - Work in jobs that require long periods of standing or heavy lifting.
  - Have had an inguinal hernia before.
  - Smoke or have lung disease. These factors can lead to long-term (chronic) coughing.

## What are the signs or symptoms?

Symptoms may depend on the size of the hernia. Often, a small hernia has no symptoms. Symptoms of a larger hernia may include:

- A bulge in the groin area. This is easier to see when standing. You might not be able to see it when you are lying
- Pain or burning in the groin. This may get worse when you lift, strain, or cough.
- A dull ache or a feeling of pressure in the groin.
- · An abnormal bulge in the scrotum, in males.

Symptoms of a strangulated inquinal hernia may include:

- A bulge in your groin that is very painful and tender to the touch.
- · A bulge that turns red or purple.
- · Fever, feeling like you may vomit (nausea), and vomiting.
- Not being able to poop or to pass gas.

#### How is this treated?

Treatment depends on the size of your hernia and whether you have symptoms. If you do not have symptoms, your doctor may have you watch your hernia carefully and have you come in for follow-up visits. If your hernia is large or if you have symptoms, you may need surgery to repair the hernia.

#### Follow these instructions at home:

#### Lifestyle

- · Avoid lifting heavy objects.
- Avoid standing for long amounts of time.
- Do not smoke or use any products that contain nicotine or tobacco. If you need help quitting, ask your doctor.
- · Stay at a healthy weight.

#### Prevent trouble pooping

You may need to take these actions to prevent or treat trouble pooping:

- Drink enough fluid to keep your pee (urine) pale yellow.
- Take over-the-counter or prescription medicines.
- Eat foods that are high in fiber. These include beans, whole grains, and fresh fruits and vegetables.
- Limit foods that are high in fat and sugar. These include fried or sweet foods.

#### General instructions

- · You may try to push your hernia back in place by very gently pressing on it when you are lying down. Do not try to push the bulge back in if it will not go in easily.
- Watch your hernia for any changes in shape, size, or color. Tell your doctor if you see any changes.
- Take over-the-counter and prescription medicines only as told by your doctor.
- · Keep all follow-up visits.

#### Contact a doctor if:

- · You have a fever or chills.
- · You have new symptoms.
- · Your symptoms get worse.

## Get help right away if:

- You have pain in your groin that gets worse all of a sudden.
- · You have a bulge in your groin that:
  - · Gets bigger all of a sudden, and it does not get smaller after that.
  - Turns red or purple.
  - · Is painful when you touch it.
- You are a male, and you have:
  - Sudden pain in your scrotum.
  - · A sudden change in the size of your scrotum.
- · You cannot push the hernia back in place by very gently pressing on it when you are lying down.
- You feel like you may vomit, and that feeling does not go away.
- · You keep vomiting.
- · You have a fast heartbeat.
- · You cannot poop or pass gas.

These symptoms may be an emergency. Get help right away. Call your local emergency services (911 in the U.S.).

- · Do not wait to see if the symptoms will go away.
- · Do not drive yourself to the hospital.

## **Summary**

- An inguinal hernia is when fat or your intestines push through a weak spot in a muscle where your leg meets your lower belly (*groin*). This causes a bulge.
- If you do not have symptoms, you may not need treatment. If you have symptoms or a large hernia, you may need surgery.
- Avoid lifting heavy objects. Also, avoid standing for long amounts of time.
- Do not try to push the bulge back in if it will not go in easily.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 08/17/2021 Document Reviewed: 08/17/2021 Elsevier Patient Education © 2022 Elsevier Inc.

Dr. B. Bialor
Clinical Director
MDC Brooklyn, NY

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Bellevue **HEALTH+** HOSPITALS

Demis, Willie

November 18, 2022

91401-054

Nate Link, MD, MPH Medical Director, Bellevue Hospital 462 First Ave, & 27th St, MN-30 New York, NY 10016 Nathan.link@nychhc.org

(11/22/22)

To Whom It May Concern,

I am the attending physician for Willie Dennis who is currently in federal custody and currently an inpatient at Bellevue Hospital Center. Mr. Dennis has three important medical conditions under treatment and he requested that I write this letter to clarify his medical situation.

- 1. Severe coronary artery disease. One of his three coronary vessels is 100% occluded and the other two are each 80% occluded, which puts him at risk for a heart attack (myocardial infarction). Because he is not experiencing current symptoms from these conditions, our cardiologists have concluded that he can be medically managed without a surgical procedure, but this recommendation would change if he were to develop cardiac symptoms, such as chest pain.
- 2. Severe peripheral vascular disease. The right femoral artery, which is the main artery to the right leg, is completely occluded. This is not an emergent condition but the artery will need to be opened up with a vascular procedure that will likely be scheduled in the future to preserve function in his leg and foot. Because of the cardiac risk of doing a vascular procedure to open up this vessel, Mr. Dennis has elected to hold off on this procedure. In the meantime, his ability to walk is markedly limited to about 50 feet on level ground by leg pain.
- 3. A large inguinal hernia and an umbilical hernia. The inguinal hernia, which continues to grow in size and cause Mr. Dennis significant pain, will require likely elective surgery that may also be scheduled in the future. Again, because of his cardiac disease, there is a 10-15% risk of a major complication of doing any surgery, so Mr. Dennis has elected to wait for this. In the meantime, he is wearing a hernia belt to limit his discomfort. He should have a truss for comfort at all times.

Mr. Dennis will not need to stay in the hospital while waiting for these procedures but he will need access to the medications we prescribe while in federal custody. These include ASA 81 mg daily, Jardiance 25 mg daily, Spironolactone 25 mg daily, Entresto 24-26 mg daily, Metoprolol XL 50 mg daily, and Atorvastatin 80 md daily. Furthermore, he has requested an opportunity to access his health insurance, which is currently not available due to his legal status. If any of his officers would like further clarification, they can contact my office at 212 562-4743. Dr. B. Bialor Clinical Director

MDC Brooklyn.

Sincerely,

Nate Link, MD Attending Physician Bellevue Hospital Center 

# - NewYork-Presbyterian

## AFTER VISIT SUMMARY

Willie Dennis MRN:

10/17/2022 • LMH ADULT EMERGENCY 212-312-5070

#### Instructions

You have an inguinal hernia that needs evaluation by a general surgeon in the next two weeks.

You have an occlusion of your right femoral artery and an aneurysm that needs evaluation by a vascular surgeon within the next two weeks.

You need to follow up with a cardiologist within in the next week.

You need to see a doctor to restart your home medications within the next day.

Please go to the nearest emergency department if you develop chest pain, difficulty breathing, abdominal pain, painful hernia, skin discoloration, vomiting, leg swelling, leg pain, leg discoloration, passing out, worsening symptoms, or any concerns.



#### Read the attached information

- 1. Hernia (ENGLISH)
- 2. Hypertension (ENGLISH)

Today's Visit

You were seen by Diksha Mishra, MD

#### **Reason for Visit**

htn

#### Diagnoses

- Hernia
- Cardiac complaint

## 

Activated PTT

Automated Differential

CBC Panel w/Platelets + Differential

Complete Metabolic Panel

Estimated Glomerular Filtration Rate (EGFR)

Prothrombin Time w/INR

## Imaging Tests

CT Abdomen and Pelvis with IV Contrast

ECG 12 Lead

## Today's Visit (continued)

## Done Today

Inpatient Consult to Surgery (Vascular)

#### Medications Given

clopidogrei (PLAVIX) Last given 10/18/2022 3:48 AM iohexol (OMNIPAQUE) Last given 10/17/2022 9:03 PM metoproloi succinate (TOPROL-XL) Last given 10/18/2022 3:48 AM

**(3)** 

Blood Pressure 156/93

Temperature (Oral) 98.2 °F

Pulse 84

**Q** ■ Respiration

Oxygen Saturation

#### What's Next

You currently have no upcoming appointments scheduled.

You are allergic to the following

No active allergies

## NYP Virtual Urgent Care

Get a quick diagnosis and treatment plan in minutes with Virtual Urgent Care: nyp.org/urgentcare.

## Your Next Steps

## **■** Read

☐ Read these attachments

- Hernia (ENGLISH)
- Hypertension (ENGLISH)

#### ED Providers for your hospitalization

Provider	ED Prov	Service	Role	Specialty
Anthony Eli Velasquez, MD	Yes	_	Attending Provider	Emergency Medicine
Diksha Mishra, MD	Yes	_	Attending Provider	Emergency Medicine

## Additional Contact Information

#### **General Hospital Information:**

- Weill Cornell Medical Center: 212-746-5454
- Lower Manhattan Hospital: 212-312-5000
- Lower Manhattan Hospital Emergency Department: 212-312-5070

## Additional Contact Information (continued)

#### **ED Test Results/Prescription Issues:**

Weill Cornell Medical Center: 212-746-0595
 Lower Manhattan Hospital: 212-746-0595

#### **ED Radiology Results:**

Weill Cornell Medical Center: 212-746-2552
 Lower Manhattan Hospital: 212-312-5179

#### Medical Records Department (for copies of charts):

Weill Cornell Medical Center: 212-746-0530
Lower Manhattan Hospital: 212-312-5121

#### **Patient Services:**

• Weill Cornell Medical Center: 646-697-7283 or 212-746-2813

Lower Manhattan Hospital: 212-312-5034

Hospital Billing Inquires: 866-822-5576

#### **Network Recovery Services:**

Weill Cornell Medical Center: 212-746-3646
 Lower Manhattan Hospital: 212-312-5938

Global Services: 212-746-9100

Find a Physician at NYP: 1-877-NYP-WELL

## Discharge Medications Safety Steps

#### **IMPORTANT - Medication Safety Steps for You to Follow**

Keep a list of all the medication you are taking including:

- · Prescription medication ordered by your health care provider
- Over-the-counter medication (like Tylenol, Aspirin, Advil or Motrin, cold or cough medication, antacids, laxatives)
- · Dietary supplements such as:

Vitamins (like vitamin C or E)

Minerals (like calcium or iron)

Herbal remedies (like ginko biloba)

It is important for you to have this medication list. It will help your health care provider in making decisions related to your health conditions. Bring your medications with you when possible.

#### Things you should do:

- Make a list of all medications you are taking include the medication name and strength, amount you take, time to be taken and the reason you are taking this medication.
- Carry this medication list with you at all times in case of an emergency.
- · Give this medication list to your health care provider at your next visit.
- Update this list each time when there is a change to your medication.
- If you have questions or need help updating your medication list, please ask your healthcare provider.

## **Smoking Cessation**

Smoking is detrimental to your health. If you currently smoke or have smoked in the past 12 months, you are advised to stop. You are also advised to avoid exposure to second hand smoke. You may call the quit line at 1-888-609-6292 or 1-866-NYQUITS for help.

#### Your Medication List

You have not been prescribed any medications.

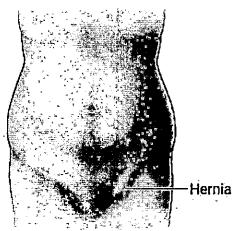
#### Connect Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to https://www.myconnectnyc.org/MyChart/, click "Sign Up Now", and enter your personal activation code: P8CR5-NZ4ZX-2PW7C. Activation code expires 11/16/2022.

## Hernia: Care Instructions

#### Overview



G 2020 Head war.

A hernia develops when tissue bulges through a weak spot in the wall of your belly. The groin area and the navel are common areas for a hernia. A hernia can also develop near the area of a surgery you had before.

Pressure from lifting, straining, or coughing can tear the weak area, causing the hernia to bulge and be painful.

If you cannot push a hernia back into place, the tissue may become trapped outside the belly wall. If the hernia gets twisted and loses its blood supply, it will swell and die. This is called a strangulated hernia. It usually causes a lot of pain. It needs treatment right away.

Some hernias need to be repaired to prevent a strangulated hernia. If your hernia causes symptoms or is large, you may need surgery.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

## How can you care for yourself at home?

- · Take care when lifting heavy objects.
- Stay at a healthy weight.
- Do not smoke. Smoking can cause coughing, which can cause your hernia to bulge. If you need help quitting, talk to
  your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.
- Talk with your doctor before wearing a corset or truss for a hernia. These devices are not recommended for treating hernias and sometimes can do more harm than good. There may be certain situations when your doctor thinks a truss would work, but these are rare.

## When should you call for help?



Call your doctor now or seek immediate medical care if:

You have new or worse belly pain.

- You are vomiting.
- You cannot pass stools or gas.
- You cannot push the hernia back into place with gentle pressure when you are lying down.
- The area over the hernia turns red or becomes tender.

Watch closely for changes in your health, and be sure to contact your doctor if you have any problems.

## Where can you learn more?

Go to <a href="https://www.myconnectnyc.org">https://www.myconnectnyc.org</a> and sign in to your "Connect" account

Click on Search Health Library and enter C129 to learn more about "Hernia: Care Instructions."

If you do not have an account, please follow the "New User" link to sign up now.

Current as of: June 6, 2022

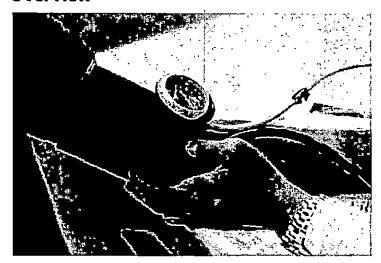
Content Version: 13.4

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## **High Blood Pressure: Care Instructions**

#### **Overview**



It's normal for blood pressure to go up and down throughout the day. But if it stays up, you have high blood pressure. Another name for high blood pressure is hypertension.

Despite what a lot of people think, high blood pressure usually doesn't cause headaches or make you feel dizzy or lightheaded. It usually has no symptoms. But it does increase your risk of stroke, heart attack, and other problems. You and your doctor will talk about your risks of these problems based on your blood pressure.

Your doctor will give you a goal for your blood pressure. Your goal will be based on your health and your age.

Lifestyle changes, such as eating healthy and being active, are always important to help lower blood pressure. You might also take medicine to reach your blood pressure goal.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

## How can you care for yourself at home?

#### **Medical treatment**

- If you stop taking your medicine, your blood pressure will go back up. You may take one or more types of medicine
  to lower your blood pressure. Be safe with medicines. Take your medicine exactly as prescribed. Call your doctor if
  you think you are having a problem with your medicine.
- Talk to your doctor before you start taking aspirin every day. Aspirin can help certain people lower their risk of a
  heart attack or stroke. But taking aspirin isn't right for everyone, because it can cause serious bleeding.
- See your doctor regularly. You may need to see the doctor more often at first or until your blood pressure comes down.
- If you are taking blood pressure medicine, talk to your doctor before you take decongestants or anti-inflammatory medicine, such as ibuprofen. Some of these medicines can raise blood pressure.
- · Learn how to check your blood pressure at home.

#### Lifestyle changes

- Stay at a healthy weight. This is especially important if you put on weight around the waist. Losing even 10 pounds can help you lower your blood pressure.
- If your doctor recommends it, get more exercise. Walking is a good choice. Bit by bit, increase the amount you walk every day. Try for at least 30 minutes on most days of the week. You also may want to swim, bike, or do other activities.
- Avoid or limit alcohol. Talk to your doctor about whether you can drink any alcohol.
- Try to limit how much sodium you eat to less than 2,300 milligrams (mg) a day. Your doctor may ask you to try to eat less than 1,500 mg a day.
- Eat plenty of fruits (such as bananas and oranges), vegetables, legumes, whole grains, and low-fat dairy products.
- · Lower the amount of saturated fat in your diet. Saturated fat is found in animal products such as milk, cheese, and meat. Limiting these foods may help you lose weight and also lower your risk for heart disease.
- Do not smoke. Smoking increases your risk for heart attack and stroke. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.

## When should you call for help?

Call 911 anytime you think you may need emergency care. This may mean having symptoms that suggest that your blood pressure is causing a serious heart or blood vessel problem. Your blood pressure may be over 180/120.

For example, call **911** if:

- You have symptoms of a heart attack. These may include:
  - · Chest pain or pressure, or a strange feeling in the chest.
  - Sweating.
  - Shortness of breath.
  - Nausea or vomiting.
  - · Pain, pressure, or a strange feeling in the back, neck, jaw, or upper belly or in one or both shoulders or arms.
  - · Lightheadedness or sudden weakness.
  - A fast or irregular heartbeat.
- You have symptoms of a stroke. These may include:
  - · Sudden numbness, tingling, weakness, or loss of movement in your face, arm, or leg, especially on only one side of your body.
  - Sudden vision changes.
  - Sudden trouble speaking.
  - Sudden confusion or trouble understanding simple statements.
  - Sudden problems with walking or balance.
  - A sudden, severe headache that is different from past headaches.
- · You have severe back or belly pain.

Do not wait until your blood pressure comes down on its own. Get help right away.

#### Call your doctor now or seek immediate care if:

- Your blood pressure is much higher than normal (such as 180/120 or higher), but you don't have symptoms.
- You think high blood pressure is causing symptoms, such as:
  - Severe headache.

Blurry vision.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your blood pressure measures higher than your doctor recommends at least 2 times. That means the top number is higher or the bottom number is higher, or both.
- You think you may be having side effects from your blood pressure medicine.

## Where can you learn more?

Go to <a href="https://www.myconnectnyc.org">https://www.myconnectnyc.org</a> and sign in to your "Connect" account

Click on Search Health Library and enter X567 to learn more about "High Blood Pressure: Care Instructions."

If you do not have an account, please follow the "New User" link to sign up now.

Current as of: October 6, 2021

Content Version: 13.4

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# Bureau of Prisons Health Services Clinical Encounter - Administrative Note

Inmate Name: DENNIS, WILLIE 91401-054 Reg #: Date of Birth: 1962 Race: BLACK Facility: **BRO** Sex: M Note Date: 11/22/2021 10:51 Provider: Kang, Yoon PA-C Unit: G01

Admin Note - General Administrative Note encounter performed at Health Services.

#### **Administrative Notes:**

ADMINISTRATIVE NOTE 1 Provider: Kang, Yoon PA-C

Called IM's pharmacy, Duane Reade 212-207-8274, but no info found in the system according to the pharmacy staff. I called another pharmacy nearby as per the IM's request, Duane Reade (Walgreens) 212-759-9412, but still no info found at all.

IM states he had "heart attack" in 2018 for which he went to hospital and underwent cardiac cath where no stent or intervention required but medical tx was recommended at the time.

Reports taking 4 medication for his heart but he does not recall any of the names at this time.

He states he needs to speak to his family to find out the names and will let us know.

Copay Required: No Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Kang, Yoon PA-C on 11/22/2021 11:00

Requested to be cosigned by Bialor, Bruce (MAT) MD, CD.

Cosign documentation will be displayed on the following page.

#### 

# Bureau of Prisons Health Services Clinical Encounter - Administrative Note

Inmate Name: DENNIS, WILLIE 91401-054 Reg #: Date of Birth: /1962 Race: BLACK Facility: **BRO** Sex: Μ Note Date: 11/21/2021 10:29 Columbo, Joseph RN Provider: Unit: G01

Admin Note - Medication Reconciliation encounter performed at Health Services.

**Administrative Notes:** 

ADMINISTRATIVE NOTE 1 Provider: Columbo, Joseph RN

attempted to contact inmates pharmacy for active Rx list Pharmacy is closed on weekends

575 Lexington Ave, New York, NY 10022 (212) 207-8274

Copay Required: No Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Columbo, Joseph RN on 11/21/2021 10:30 Requested to be cosigned by Bialor, Bruce (MAT) MD, CD. Cosign documentation will be displayed on the following page.

Requested to be reviewed by Kang, Yoon PA-C.

Review documentation will be displayed on the following page.